

What could we improve?



Is there anything else you want to tell us about?

Tell us what you think about our service

Thank you for taking the time to complete this questionnaire.

If you would like a copy of this leaflet in large print, please ask at the reception desk.

If you are dissatisfied with the service you have received today and wish to speak to someone about it, please let the receptionist know immediately.

If you are dissatisfied with the service and wish to make a formal complaint, you can do so by contacting:

Mr Graham Hughes, Operational Services Manager
Well Travelled Clinic, LSTM
Pembroke Place, Liverpool, L3 5QA

Tel: 0151 705 3223 **Email:** tropshop@LSTMed.ac.uk

Month attended:

Comments and Suggestions

Our customers' opinions are important to us. Please let us know what you thought of the service you received.

Leaflet name: Comments and Suggestions	Review date: Nov 2027	Page 1 of 4
Leaflet lead name: S Donegan	Version No: V9	
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Why did you choose our service? *(Please tick one box only)*

- Travel advice and vaccination service not available at GP
- Travelling at very short notice
- Specific vaccine not available at GP
- Have special medical/healthcare needs that require specialist advice
- Only able to attend after work or on Saturdays
- Wanted to attend a Liverpool School of Tropical Medicine clinic
- The company I work for has a corporate membership with WTC
- Other reason *(please specify)*

Which services did you access today? *(Please tick all that apply)*

- Travel health services
- Occupational health services
- NHS outpatient service
- Covid-19 swab service
- Retail only
- Advice only

Which service did you use? *(Please tick relevant boxes)*

- Walk-in service
- Booked appointment
- Liverpool
- Chester

If you booked the appointment, were you able to get an appointment at the branch you wanted and at the time you wanted? *(If no please give details)*

Were you satisfied with the facilities that were available? *(e.g. waiting area, toilets etc. If no, please give details)*

When you arrived at the clinic, were you satisfied with the amount of time you had to wait?

Did you use our website? *(Please give details)*

If yes, could you find the information you were looking for on our website? *(Please give details)*

What other information could we provide on our site? *(Please give details)*

Did our staff explain our fees/charges to you? *(Please tick all that apply)*

- On the telephone
- On arrival at clinic
- Both

How would you rate the overall level of CUSTOMER CARE you received? *(Please tick one box only)*

- Excellent
- Satisfactory
- Very good
- Poor
- Good

Would you recommend our service to your family and friends?